

Chapter 4-000 Case Management Services for Persons with Mental Retardation

4-001 Introduction: The Nebraska Medical Assistance Program (NMAP) offers case management services provided by the Department of Public Institutions' Developmental Disabilities Division (DDD) for persons with mental retardation or related conditions.

Section 1915(g) of the Social Security Act allows states to provide optional targeted case management services as medical assistance.

The Nebraska Department of Social Services shall provide opportunities for fair hearings as defined in 42 CFR 431, Subpart E, to clients, or their representatives, who are denied eligibility for case management services. The client or applicant has the right to appeal any action, inaction, or failure to act with reasonable promptness with regard to services (see 465 NAC 2-001.02).

A provider of case management services has the right to appeal for a hearing on an action that has a direct adverse effect on the provider (see 471 NAC 2-003 ff.). Hearings are scheduled and conducted according to the procedures in 465 NAC 2-001.02 ff. and 2-006 ff.

4-001.01 Definitions: The following definitions apply to the case management services specified in this chapter

Case Management: These services consist of -

1. Assessment of individual needs level and requirement for support and services;
2. Development of individual support and service goals; and
3. Coordination of personal, agency, non-agency, and professional resources to develop and attain individual support and service goals and access needed medical, social, habilitation, education, employment, housing, and other services.

Case Management Narrative: The written documentation kept by the Case Manager which specifies the content of any meaningful contact with the client, the client's representative, or on behalf of the client.

Case Manager: The person in the provider agency who is responsible for coordinating the individual's program plan and services received.

Department: The Nebraska Department of Social Services.

Developmental Disabilities: Mental retardation or related conditions other than mental illness.

Eligible Client: Medicaid-eligible person 18 years or older with mental retardation or related conditions and who is not residing in an institution or receiving under Medicaid waivers other than the Nebraska home and community-based waivers for adults with mental retardation or related conditions or for children with mental retardation and their families.

Generic Services: Traditional services and assistance offered to multiple client populations through public and private agencies and other sources.

Individual Program Plan (IPP): A written plan specifying agreed-upon goals, methods to assist in achieving those goals, and services to be provided to meet identified client needs. This plan is prepared by an interdisciplinary team.

Interdisciplinary Team: A group composed of the client, client's family as appropriate, his/her representative and persons representing the professions, disciplines, or relevant service areas. This team is responsible for identifying the client's strengths, needs, choices, and family supports, and coordinating and designing training programs and services to meet client needs.

Intermediate Care Facility (ICF): An institution certified by the Nebraska Department of Health that provides health services which include eight hours of professional nursing care seven days a week.

Intermediate Care Facility for the Mentally Retarded (ICF/MR): An institution certified by the Nebraska Department of Health that provides habilitative and health services for persons with mental retardation or related conditions.

Mental Retardation: The significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior manifested before the person attains age 22.

Provider: Department of Public Institutions' Developmental Disabilities Division (DDD), certified by the Nebraska Department of Health for the provision of Case Management Services.

Related Conditions: Conditions causing challenges similar to mental retardation. A client with a "related condition" is one who has a severe, chronic disability other than mental illness which -

1. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
2. Is manifested before the person attains age 22;
3. Is likely to continue indefinitely;
4. Results in substantial functional limitations in three or more of the following areas of major life activity:
 - a. Self-care;
 - b. Receptive and expressive language development;
 - c. Learning;
 - d. Mobility;
 - e. Self-direction;
 - f. Capacity for independent living; and
 - g. Economic self-sufficiency; and
5. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of life-long or extended duration and are individually planned and coordinated.

Skilled Nursing Facility (SNF): An institution certified by the Nebraska Department of Health which provides 24 hour professional nursing care seven days a week.

4-001.02 Summary of Forms: The following forms are used for case management services. Instructions for these forms are located in the appendix.

<u>Form Number</u>	<u>Form Name</u>	<u>Manual Reference</u>
DSS-11MR	MR Case Management Worksheet	480-000-21
DSS-4A	Social Services Provider Authorization	480-000-7
---	Proposal to Provide Specialized Services Under the Authority of the Nebraska State Medicaid Plan or Home and Community Based Services Waivers for Persons with Mental Retardation or Related Conditions	480-000-201

4-002 Case Management Responsibilities of State Agencies

4-002.01 Department of Social Services (DSS): As the single state Medicaid agency, the Department is responsible for administration of the Medicaid program in Nebraska. The Department is responsible for -

1. Administration of case management services, which includes interagency agreements, planning, policy development and implementation, monitoring, and budgeting;
2. Acceptance of requests for services and provider choice;
3. Assessment to determine case management needs;
4. Prior authorization of services; and
5. Maintenance of records for four years or until an audit in progress is completed.

4-002.02 Department of Public Institutions (DPI): Under an interagency agreement with DSS to implement case management services, DPI is responsible for -

1. Gathering and compiling statistics needed for management and reporting purposes and forwarding those reports to the Department;
2. Reporting noncompliance with DPI standards that affect certification status as a service provider to the Department of Health and DSS;
3. Maintaining required records;
4. Processing and monitoring billings for services provided; and
5. Maintaining records for four years or until an audit in progress is completed.

4-002.03 Department of Health (DOH): Under an interagency agreement with DSS to implement case management services, DOH is responsible for -

1. Certification of DDD as case management provider, based on "Proposal to Provide Specialized Services Under Authority of the Nebraska State Medicaid Plan or Community-Based Services Waivers for Persons with Mental Retardation or Related Conditions" with on-site reviews to ensure compliance with standards and proposal to provide services;
2. Notifying DSS of the certification status of providers;
3. Participating in any training deemed necessary by the Director of DSS;
4. Providing consultative services as needed; and
5. Maintaining records for four years or until an audit in progress is completed.

4-003 Provider Certification Process: The Nebraska Department of Health (DOH) shall, under contract with DSS, certify DDD as case management provider.

4-003.01 Proposal: The following procedures shall be followed by DDD when proposing to provide case management services:

1. DDD shall submit "Proposal to Provide Specialized Services Under the Authority of the Nebraska Medicaid State Plan or Community-Based Services Waiver for Persons with Mental Retardation or Related Conditions" in writing to DOH. This proposal shall be authorized by DPI's Director to ensure that DDD has in place all other assurances required for the provision of case management services.
2. DOH shall review the written proposal for the provision of case management services and shall grant approval or disapproval of the proposal or request additional information. DOH may verify information contained in the proposal during on-site visits.
3. Should DDD not meet the criteria level for certification, additional information must be submitted within ten days of formal written notice by DOH of not achieving certification. DOH shall review the additional information within 30 days of submission of compliance and to determine compliance.

4-003.02 Certification: Once the proposal is approved by DOH, certification may be granted. Certification may be granted for up to twelve months at a time with DOH having the discretion to extend certification for an additional two months as conditions warrant. Certification is required for provision of case management services. Before October 1st of each year following initial waiver certification, DDD shall send an affidavit to the Department of Health confirming and/or updating the information contained in the original proposal to provide services or submit a new proposal.

4-003.03 Survey Process: The survey process for case management services shall be the same as specified in 480 NAC 2-007.03 and 480 NAC 6-007.03 as applicable to the provision of case management services.

4-003.04 Appeal Rights: As a provider of case management services, DDD has the right to appeal DOH certification determinations and shall follow procedures in accordance with Rules of Practices and Procedures of 184 NAC Chapter 1.

4-004 Description of Case Management Services: Under the Nebraska Medical Assistance Program, case management services are designed to assist individuals with mental retardation and/or related conditions by providing case management services which include the following:

1. Client Assessment:
 - a. Receive referrals or client requests for case management services.
 - b. Conduct information gathering and assessment interviews including a face-to-face interview with the client.
 - c. Provide or obtain assessments to determine the client's needs for individual support and services.
 - d. Arrange for additional specialized needs assessment as required to provide a full assessment of client's needs for individual support and services.
2. Service Planning:
 - a. Together with the client, his/her representative, family members as appropriate, and members of an interdisciplinary team, composed of workers from various disciplines or fields, develop an individual program plan which includes types of services to be provided to achieve the client's goals, resources selected to provide service, frequency of service provision, etc.
 - b. Arrange for support and services identified in the individual program plan. The client and/or the client's representative is responsible for choice of providers.
 - c. Coordinate the client's service provision with providers of service.
 - d. Provide follow-up, ongoing monitoring of service delivery, and periodic reviews as necessary but at least annually to assess suitability of the client's plan.
3. Accessing Resources:
 - a. Determine appropriate resources to meet the client's needs.
 - b. Assist clients in applying for appropriate programs within the Department of Social Services (e.g., Low Income Energy Assistance Program, Child Support, Food Stamps) and outside of the Department (e.g., community action, housing authority, legal aid, public health nurses, social security administration, veterans administration, vocational rehabilitation). This may include assisting the client to make an appointment and to gather the information required for program application, arranging transportation to the resource or accompanying the client.
 - c. Coordinate services from all available sources to ensure that client needs are met.
 - d. Assist clients in locating living arrangements, based upon the philosophy of most appropriate, least restrictive services.

- e. Assist client to arrange for and receive appropriate medical care and counseling from providers of their choice.
- f. Assist clients to locate appropriate employment, training, education and job supports as needed.
- 4. Resource Recruitment:
 - a. Recruit or locate service providers that would be consistent with the client's individual program plan. The client and/or the client's representative is responsible for choice of providers.

4-004.01 Qualifications of the Case Manager: The individual case manager shall meet the following qualifications (qualifications are consistent with affirmative action requirements).

- 1. Knowledge of: the policies and practices of the agency which relates to habilitation services delivery; the goals, objectives, and philosophy of the agency; the legal system and laws pertaining to persons with disabilities; knowledge of medications; the theories and strategies of providing habilitation services to person with mental retardation;
- 2. Ability to: evaluate client needs by scheduling, chairing, and serving as a team member for the individual program plan development meetings with all involved persons to plan for implementation and coordination of necessary services and supports; serve as liaison between all persons involved with the client to coordinate services and promote cooperation; and monitor services received by the client to insure the implementation of the Individual Program Plan; and
- 3. Job Preparation Guidelines: (Entry knowledges, abilities, and/or skills may be acquired through, but are not limited to the following coursework/training and/or experience.) Post-high school coursework/training in: education, psychology, social work, speech pathology/audiology, physical/occupational therapy, rehabilitation counseling, or licensure as a physician or registered nurse and experience in delivery of habilitation services to persons with mental retardation.

4-005 Client Intake

4-005.01 Eligibility Criteria: To be eligible for case management, the client must:

1. Be eligible for the Nebraska Medical Assistance Program (NMAP);
2. Have a diagnosis of mental retardation and/or meet the definition of related conditions;
3. Not be residing in an institution (SNF, ICF, or ICF/MR);
4. Not be authorized for waiver services other than the home and community-based services for adults with mental retardation or related conditions or home and community-based waiver for children with mental retardation and their families; and
5. Require specialized case management services as determined by the Disability Services Specialist.

4-005.02 Client Application: Any individual with mental retardation or a related condition may apply for case management services. Upon receiving a referral, the Disability Services Specialist shall -

1. Verify that the client has requested case management from an approved provider;
2. Verify NMAP eligibility via check of DSS records;
3. Verify mental retardation and/or a related condition;
4. If the client does not meet eligibility criteria, notify DDD;
5. For individuals meeting initial eligibility criteria and currently receiving case management services, notify DDD. DDD shall obtain a copy of the individual's most recent individual program plan (IPP) within ten working days and forward to DSS;
6. For individuals meeting initial eligibility criteria but not currently receiving case management services, notify DDD. DDD shall determine when services may begin and develop an initial individual program plan (IPP) within 30 days of placement and forward the information to DSS;
7. Review the individual program plan and make a determination as to whether specialized mental retardation case management or generic case management is the most appropriate. If the available information is not enough to make a determination or if it appears that generic case management is most appropriate, the Disability Services Specialist shall request that the provider complete Form DSS-11MR, "M.R. Case Management Worksheet." The Disability Services Specialist shall make a determination as to whether or not the case management provided is in accordance with the standards in 480 NAC 4-000 ff. based on the IPP, Form DSS-11MR if needed, and any other information submitted by the provider.
 - a. If generic case management services are determined to be the most appropriate, refer the individual to appropriate services and assist as needed; or
 - b. If specialized case management services are determined to be the most appropriate, proceed with authorization process.

4-005.03 Authorization of Case Management Services: All case management services must be prior authorized by the Disability Services Specialists on Form DSS-4A, "Social Services Provider Authorization," within the following guidelines:

1. Case management services must be provided by or subcontracted through a certified and approved provider;
2. Case management services may be prior authorized for a maximum of 12 months;
3. A unit of service for case management is defined as a month; and
4. If at any time during the authorization period, changes occur that would significantly affect the case management services being provided to an individual, the provider shall submit the IPP to DSS for reconsideration.

The Disability Services Specialist shall send a copy of Form DSS-4A authorizing Medicaid case management services to DDD.

4-005.04 DSS Record Retention: A case file must be maintained by a state agency representative on each case management services client containing the following information:

1. Documentation of activities in the processing of client's applications and ongoing case activity;
2. Form DSS-11MR, "MR Case Management Worksheet," if appropriate;
3. Form DSS-4A, "Social Services Provider Authorization;" and
4. The Individual Program Plan.

4-006 Provider Standards: To be approved as a provider of case management services, DDD must -

1. Be certified by the Department of Health;
2. Complete Form DSS-11MR, "MR Case Management Worksheet" if requested;
3. Submit other records/information as requested by DSS and DOH;
4. Permit review of all programs and records by state and federal officials or their representatives monitoring case management services;
5. Not charge clients fees for case management services; and
6. Have at least one monthly documented contact, with or on behalf of each client receiving case management services, in order to submit a request for payment for case management services. The documented monthly contact shall include -
 - a. Reason for the contact;
 - b. Outcome of the contact; and
 - c. Further follow-up needed.
7. When providing case management for waiver clients, comply with all applicable waiver regulations as contained in 480 NAC Chapter 2-000, 3-000, 6-000, and 7-000.

4-006.01 Provider Record Retention: A case file must be maintained by the provider agency on each case management services client containing the following information:

1. Monthly case management narratives;
 2. Individual program plans;
 3. Evidence of eligibility for case management services;
 4. Narrative documentation by the case manager to supplement the individual program which includes:
 - a. Information supporting goal selection;
 - b. Information supporting short term objectives;
 - c. Information supporting the approaches selected;
 - d. Information supporting case management decisions and actions;
 - e. Documentation of communication with the client;
 - f. Documentation of referrals to resources; and
 - g. Other factual information relevant to the case;
- This narrative documentation may be located in monthly case management narratives, the IPP, correspondence, or evaluations.

The case file contents must be maintained for four years from the ending date of the client's eligibility period for case management services.

4-007 Billing and Payment: The provider shall submit monthly billings to DSS. Rates will be based on actual costs.